



Client No. 2036		Client Name O. H. Metals				Location 1002 Oswego ST				Date 4/3/87																																																																																																																																																				
Facility Equipment	Deter Clock 1✓	Weapon No. —	Holster —	Nightstick —	Raincoat 1✓	Flashlight 1✓	Other 3 Keys, Log Book & Phone																																																																																																																																																							
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Kenneth Fralix				Officer—Swing Shift (Name) etc Del Vecchio				Officer—Grave Shift (Name) Dick Koboski																																																																																																																																																				
Shift		Began		Ended		Shift		Began		Ended																																																																																																																																																				
		8:00 AM		4:00 PM				4:00 AM		12:00 PM																																																																																																																																																				
Observations or actions taken		Yes	No	Explanation		Yes	No	Explanation		Yes	No																																																																																																																																																			
Rounds or stations missed			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Unlocked doors, gates or windows			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Unlocked vaults or safes			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Fire-smoke-or hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
1. Extinguishers missing or defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
2. Sprinkler system defective			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
3. Fire doors or exits blocked			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
4. Rubbish accumulation			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
5. Motors running			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
6. Lights left burning			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	As required			<input checked="" type="checkbox"/>	LIGHTS OFF 5:53 AM																																																																																																																																																			
Injury hazards			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Visitors			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Trespassing			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Violation of company rules			<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>																																																																																																																																																			
Remarks I Called Office about time change this week end. Capt. Miller is supposed to come to check Deter Clock (K.F.)																																																																																																																																																														
<p>IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.</p> <table border="1"> <tr> <td rowspan="2">1. Were you injured during this tour?</td> <td colspan="2">Day Shift</td> <td colspan="2">1.</td> <td colspan="2">2.</td> <td colspan="2">3.</td> <td colspan="2">Swing Shift</td> <td colspan="2">1.</td> <td colspan="2">2.</td> <td colspan="2">3.</td> <td colspan="2">Grave Shift</td> <td colspan="2">1.</td> <td colspan="2">2.</td> <td colspan="2">3.</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> <tr> <td rowspan="2">2. Did you suffer any illness?</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> <tr> <td rowspan="2">3. Have you reported all accidents coming to your attention?</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> </table>												1. Were you injured during this tour?	Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	2. Did you suffer any illness?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	3. Have you reported all accidents coming to your attention?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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Signatures		1.		Kenneth Fralix		1.		etc Del Vecchio		1.		Dick Koboski																																																																																																																																																		
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